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cution, comes forth in many conditions of mental weakness, e. g., sometimes in general paresis, but never in Paranoia. The proportion of ideas of over-importance in Paranoia is a very varied one, and Snell reviews a series of cases of this disease, which indicate the different forms of this proportion, with the following results:—(1) the ideas of over-importance may fail entirely; (2) they may appear from the beginning of the disease at the same time with the ideas of persecution; (3) they may appear the same as in (2), and then retreat for a time, it may be months or years, generally making themselves prominent later in a higher degree; (4) they may appear, as in the ordinary relation, after a longer or shorter time, months or years, added to the ideas of persecution, and continue bound up with these.

This constitutes Snell's idea of the relation of ideas of over-importance to ideas of persecution in Paranoia. It is manifestly one parent disease-stem, from which both spring.

The germ of the over-importance lies in the way and manner in which these patients conceive their imaginary persecutions; while the melancholy patient receives the persecutions which, according to his opinion are imposed on him, humbly and comfortlessly, and holds his own unworthiness and baseness to be the fault of all the misfortunes that he fears, the paranoiac feels throughout that he is the blameless sacrifice to a wicked malice. A paranoiac may commit a murder, and after it appear cold and unmoved at his act, feeling no repentance and no pity. It is the morbidly raised feeling of self, the exaggerated subjectivity which permits him so to feel and behave. The consciousness of disease, present in melancholia, is wholly lacking in paranoia, and every feeling of duty and love is subordinate to the merciless, hard egotism, without limits or bounds. That under such conditions a glorification of the personality of the patient builds itself up, that the delusion lays hold of him, that he is a man of unbounded influence, a prince, an emperor, or a prophet, is in some degree explicable. The whole direction of the disease points to these results of self-importance, if hallucinations indicate the special formation of ideas of grandeur. As Snell has shown in the cases given and elsewhere, Paranoia does not always tread the typical path. It may almost come to a stand still. The delusions and hallucinations lose in these cases their formative power and force on the disposition of the patient. They almost die out. Even if no recovery follows,—recovery in Paranoia, as is well known, is extremely rare,—yet a period of quiet comes on, which for the patient himself and those surrounding him is of the most beneficent effect.

In conclusion, Snell pleads that it is almost necessary to take refuge in this Greek word *Paranoia*, since alienists cannot agree on an appellation for this form of disease, the designations *Wahnsinn* and *Verrücktheit* standing almost diametrically opposed. For the quiet, measured course of Paranoia, in which the formal side of the intellectual activity appears so little changed that the uninformed person notices nothing wrong, *Verrücktheit* appears in a degree insufficient, while the word *Wahnsinn* for those conditions in which the delusion takes a wholly dominant place may be used not without a certain degree of propriety.

*Ueber die psychiatrische Nomenclatur "Verrücktheit" und "Wahnsinn."*—DR. RODA. *Allgem. Zeitsch. f. Psych.* Bd. XLVI, H. 4, 1889.

At the yearly session of the Union of German Alienists, June, 1889, Dr. Roda brought up the ever-fruitful subject of the classification of the chronic primary insanities. It would be an incalculable gain if a relative agreement might be brought about as to what "*Wahnsinn*" and "*Verrücktheit*" should individually mean, but there has been no agreement in the past, and does not seem likely to be in the future. Roda reviews the well-known history of the two terms and what they have signified to

Griesinger, Snell, Westphal, Hertz, Nasse, Schäfer, Kraepelin, Meynert, Mendel, Fritsch, Schüle and Krafft-Ebing.

In how confused a state the subject is, Roda shows by citing a case which would be classed by Mendel as *mania hallucinatoria*, by Westphal as acute *primäre Verrücktheit*, by Krafft-Ebing as hallucinatory Wahnsinn, by Wille as confusion simply, and by Mayser as asthenic delirium, and so on through all the other authors. One can well imagine, says Roda, the state of mind of the beginner in the study of mental diseases in whose hands are placed the best and most commonly used text books.

Roda urges that the expressions "*Verrücktheit*" and "*Wahnsinn*" be put in the background, and that for them the Greek word *Paranoia* be substituted, and would favor enlarging the boundaries of this word. The problem of chief importance in Psychiatry is how much or how little shall be included in the term *Paranoia*, of which Mendel proposes the following divisions:

1. Acute Paranoia, in which the hypochondriacal, hysterical and original paranoia would be reckoned.
2. Chronic primary Paranoia.
3. Acute hallucinatory Paranoia, in which for example the psychoses from inanition, of Krafft-Ebing, would be reckoned.
4. Chronic hallucinatory paranoia, and finally,
5. Secondary paranoia, the terminal or transformation stage from other psychical diseases.

As the less of two evils, it may perhaps be found necessary to give up paranoia as a special equivalent for *primäre* or *originäre Verrücktheit* and make these but a subdivision of paranoia on some such plan as Mendel suggests, but this can only be settled by future discussion.

#### IV.—CRIMINOLOGICAL.

BY ARTHUR MACDONALD, Ph. D.

In a report prepared by Lombroso for the International Penological Congress is the question whether it will be advisable to organize instruction in penal science. That is, by what means could there be added the positive study of the facts and questions of application, without interfering with the performance of duties, and without prejudice to the administration.

In our own country and Europe, both past and present, science and the university have not only done almost nothing, but have manifested little interest in criminological subjects. They have taken the position of the public that crime is a necessary and incurable evil, and so there is little use in troubling about it. Yet penitentiary and carceral sciences are the most complicated, and most susceptible to instruction of all other sciences. To construct the most healthy, most economical and best adapted prison cell or workshop is a desideratum. The same is true as to the construction of women's prisons, houses of arrest for accused persons, innocent or guilty, and places for witnesses.

At present our jurists study law books much more than they do criminals; and yet perhaps one half of the time of our courts is confined to criminals. Criminals are considered by many jurists, prison employees and the public, as normal men, who are unlucky and unfortunate. The individual study of the criminal and crime is a necessity, if we are to be protected from ex-convicts, the most costly and the most dangerous class we have. But the criminal cannot be studied without being seen and examined. For the love of science and humanity, we permit the examination of the sick, of pregnant women by young men, manipulation in surgical clinics of fractured members; the visiting, examination and individual study of the insane, although these are sometimes